



County MARION

OFFICE OF LAND QUALITY
HAZARDOUS WASTE HANDLER IDENTIFICATION FORM: ID FORM

Information on file as of : 2/8/2013

Instructions at www.in.gov/idem/5027.htm

RCRA ID	NAME	Changes needed
INR000130385	DRINKING WATER CONTAMINATION SITE	

LOCATION ADDRESS	Changes needed
<div><div></div><div></div><div>INDIANAPOLIS IN 46222</div></div> <div>Land type for facility location <u>P</u> <small>P-private M-municipal C-county S-state F-federal D-district I-Indian O-Other</small></div>	<div>If you move you may not use your old RCRA ID. You must apply for a new ID# for the new location</div> <div>We moved _____ Post Office change _____</div>

HAZARDOUS WASTE GENERATOR ACTIVITY		
OLQ records Small Quantity Generator (SQG)	Status in 2012 (select one status only) <input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> did not generate haz waste all year <input type="checkbox"/> generated waste but did not ship offsite	Status in 2013 (select one status only) <input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> CESQG <input type="checkbox"/> will no longer generate haz waste and wish to have this number deactivated

If you mark that you are not generating haz waste, the ID# number is no longer valid and you must renotify before using it again.

MAILING ADDRESS	Changes needed
2525 N SHADELAND AVE STE 100	
INDIANAPOLIS IN 46219	

CONTACT FOR HAZARDOUS WASTE ACTIVITIES	Changes needed
SHELLY LAM ON SCENE COORD 2525 N SHADELAND AVE STE 100 INDIANAPOLIS IN 46219 Phone 317-417-0980 ext: fax: e-mail: LAM.SHELLY@EPA.GOV	

CONTACT FOR ANNUAL/BIENNIAL REPORT QUESTIONS (if different from above contact)		
Last Name _____	First Name _____	Title _____
E-mail address _____	Phone # _____	

CERTIFICATION		
<i>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete."</i>		
Last Name _____	First name _____	Title _____
E-mail address _____	Phone # _____	
Signature _____	Date _____	

HW FEES CONTACT (for LQGs)	Fee invoices will be sent to this address	Changes needed

BUSINESS OWNER	(P-private M-municipal C-county S-state F-federal D-district I-Indian O-Other)	Changes needed

PROPERTY OWNER	(if different from above)	Changes needed

NAICS CODES	(go to www.naics.com to find a list)
Current codes	

OTHER HAZARDOUS WASTE ACTIVITIES			
<input type="checkbox"/> BIF:smelting,melting, refining exemption <input type="checkbox"/> BIF: small quantity on site burner exemption	Transporter: <input type="checkbox"/> <input type="checkbox"/> We no longer are a transporter TSD Facility:	<input type="checkbox"/> US Importer of Hazardous Waste <input type="checkbox"/> Mixed Waste Generator (hazardous and radioactive)	Waste codes (list top 4) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

USED OIL ACTIVITIES	
If you are just a generator of used oil this section does not apply to you.	
<input type="checkbox"/> Processor:	<input type="checkbox"/> Transporter:
<input type="checkbox"/> Rerefiner:	<input type="checkbox"/> Transfer facility:
<input type="checkbox"/> Off-spec used oil burner	
<input type="checkbox"/> Marketer who directs shipment to off-spec burner	
<input type="checkbox"/> Marketer who first claims oil meets specs	

UNIVERSAL WASTE ACTIVITY	
<input type="checkbox"/>	Large handler: accumulates > or = 11,000 pounds
Batteries: <input type="checkbox"/> manage	Thermostats <input type="checkbox"/> manage
Pesticides: <input type="checkbox"/> manage	Lamps <input type="checkbox"/> manage
Other: <input type="checkbox"/> manage	
Specify other <input type="text"/>	
UW destination facility	<input type="text"/>
UW transporter	<input type="text"/>

TRANSFER FACILITY	
<u>Current activities</u>	
Changes Needed:	<input type="checkbox"/> Mix <input type="checkbox"/> Commingle <input type="checkbox"/> Bulk <input type="checkbox"/> Repackage <input type="checkbox"/> Pump <input type="checkbox"/> Open containers <input type="checkbox"/> Combine <input type="checkbox"/> Transfer between vehicles

COMMENTS

Return to:
 Regulatory Reporting Section
 IDEM Office of Land Quality
 100 North Senate Avenue, Room 1101
 Indianapolis, IN 46204-2251
 olqregulatoryreporting@idem.in.gov